

Submit this application WITH YOUR CURRENT RESUME to the Board's Examination Unit at the above address

| Section A PERSONAL INFORMATION | | | | | | | | | | |
|--|-----|----------------|--|--|-----------------|------------|--|----------------|--------|--|
| Last Name | | | | | | First Name | | | MI | |
| Street Address | | | | | City | | | | E-Mail | |
| State | | Zip | | | Home Phone | () | | Work Phone | () | |
| FAX | () | | | | Pager | () | | Cell | () | |
| License Type | | License Number | | | Expiration Date | | | Other licenses | | |
| Completion of the following fields are OPTIONAL: | | | | | | | | | | |
| Race/Ethnicity | | | | | Date of Birth | | | Gender | | |

| Section B REQUIREMENTS | |
|------------------------|--|
|------------------------|--|

Do you currently perform a minimum of twenty hours of training, supervision, education, or clinical experience per week?

☐ No ☐ Yes

How many hours of face-to-face therapy do you perform per week? _____ hours

How many hours per week do you supervise those providing face-to face therapy? _____ hours

How long have you been working in the field under your license? _____ years

What is your Degree Title?
(i.e., MSW) _____

What Date was your Degree Awarded? _____

| Section C QUESTIONNAIRE | |
|-------------------------|--|
|-------------------------|--|

Have you ever served as an Oral Examiner for the Board?

☐ No ☐ Yes

If YES, when did you last serve as an Oral Examiner? _____

Have you ever participated in an examination development workshop (as an SME) for the Board?

☐ No ☐ Yes

If YES, when did you last participate in a workshop? _____

| | Name | Phone Number |
|-------------------------------|-------|--------------|
| Please Provide Two References | _____ | _____ |
| | _____ | _____ |

I declare under penalty of perjury that all information provided on this application is true and correct. I understand that if I am hired, I will be required to comply with the terms of an examination security/confidentiality notice.

Signature

Date